Bishop's Close Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out this comprehensive inspection on 04 November 2015.

Overall, we rated this practice as good. Specifically, we found the practice to be good for providing well-led, effective, caring, safe and responsive services.

Our key findings were as follows:

- The practice provided a good standard of care, led by current best practice guidelines.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice actively reviewed their performance in the management of long term conditions, and was proactive in offering review and screening services, such as extra checks offered to people in pre-diabetic stages.
- There was a clear leadership structure and staff felt supported by management.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood their roles and responsibilities in raising concerns, and reporting incidents. Lessons were learned from incidents, and we found evidence that incidents had been reported, discussed and reflected upon. The practice had assessed risks to those using or working at the practice and kept these under review. There were sufficient emergency and contingency procedures in place to keep people safe. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed that the practice performed at or above Clinical Commissioning Group averages. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice was proactive in promotion of good health and patient involvement. Patients with some long term conditions were given individual care or management plans. The practice had identified areas they wished to improve following clinical audit and had implemented changes to facilitate this. Staff were supported within their roles to develop their skills.

Are services caring?

Good

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was positive. We observed a patient-centred culture and staff promoted this as the ethos of the practice. Staff were motivated and inspired to offer kind and compassionate care. In patient surveys, the practice scores were above average compared to local and national survey results. Patients said they were treated with care and concern.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had a good overview of the needs of their local population, and was proactive in engaging with the Clinical Commissioning Group (CCG) to secure service improvements. The practice had sufficient facilities and was well equipped to meet patients need. Information was provided to help patients make a complaint, and there was evidence of shared learning with staff. The practice did score below the average in patient surveys for how quickly patients

Summary of findings

got seen after their appointment time, and how easy it was to see the GP of their choice. We did receive a minority of negative feedback around this on the day of inspection, although the majority of feedback was positive around access to the service.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a forward plan to work to with clear aims and objectives. The practice had an active Patient Participation Group (PPG) and was able to evidence where changes had been made as a result of PPG and staff feedback. Staff described the management team as available and approachable, and said they felt highly supported in their roles. The practice had a number of policies and procedures to govern activity and held regular staff and management meetings. There were systems in place to monitor and improve quality and identify risk.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people. The practice held palliative care and multi-disciplinary meetings regularly to discuss those with chronic conditions or approaching end of life care. These patients were given priority access for appointments. Care plans had been produced for those patients deemed at most risk of an unplanned admission to hospital. Information was shared with other services, such as out of hours services and district nurses. Nationally returned data from the Quality and Outcomes Framework (QOF) showed the practice had good outcomes for conditions commonly found in older people. The over 75's had a named GP.

Vulnerable patients living in residential units were cared for by a GP in conjunction with Advanced Nurse Practitioners employed by the Federation to ensure the needs assessment of vulnerable patients remained up to date. The practice provided carer health checks and was proactive in dementia screening meaning the practice had a high rate of diagnosis and review.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. Outcomes were monitored through clinical audits. People with conditions such as diabetes attended regular clinics to ensure their conditions were monitored, and were given individualised management plans. Nurses and GPs worked collaboratively. Attempts were made to contact non-attenders to ensure they had appropriate routine health checks.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Systems were in place to identify children who may be at risk. The practice monitored levels of children's vaccinations and attendances at A&E. Regular multidisciplinary meetings were held to review children on the safeguarding register. Immunisation rates were above average for all standard childhood immunisations. Antenatal clinics were held weekly, and patients could access weekly well baby clinics run jointly by a health visitor and a GP.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working population had been identified, and services adjusted and reviewed accordingly, for instance extended hours appointments were available early morning or later in the evenings. Patients could access a variety of services during these times. Routine appointments could be booked in advance, or made online. Repeat prescriptions could be ordered online. Telephone appointments were available. The practice carried out health checks for people of working age, and actively promoted screening programmes such as for cervical cancer.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a register of those who may be vulnerable, including those with learning disabilities, who were offered annual health checks. Patients or their carers were able to request longer appointments if needed, with carer health checks and advocacy support. The practice had a register for looked after or otherwise vulnerable children and also discussed regularly any cases where there was potential risk or where people may become vulnerable. The computerised patient plans were used to flag up issues where a patient may be vulnerable or require extra support, for instance if they were a carer. Staff were aware of their responsibilities in reporting and documenting safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people withdementia). The practice made referrals to other local mental health services as required. QOF data showed in 2013-14, the percentage of patients with dementia who had received a face to face review in the last 12 months was above the national average of 83.82%, at 94.67%. Through the practice patients could access in-house counselling and welfare rights advice. The practice worked with other services such as the substance misuse team, Talking Changes, the Crisis Team, and the Memory Team. Patients with mental health issues were given same day access to a lengthened appointment. Patients with severe mental health issues were coded on their records so they could be offered extra support and yearly health checks.

Summary of findings

What people who use the service say

The latest NHS England GP Patient Survey of 108 responses showed the following:

What this practice does best

96% of respondents say the last GP they saw or spoke to was good at listening to them

Local (CCG) average: 91% National average: 89%

94% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments Local (CCG) average: 89% National average: 86%

94% of respondents say the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: 90% National average: 87%

What this practice could improve

41% of respondents usually wait 15 minutes or less after their appointment time to be seen Local (CCG) average: 70% National average: 65%

52% of respondents with a preferred GP usually get to see or speak to that GP

Local (CCG) average: 62% National average: 60%.

86% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern

Local (CCG) average: 94% National average: 90%

We spoke with a member of the Patient Participation Group (PPG) and five patients as part of the inspection. We also collected nine CQC comment cards which were sent to the practice before the inspection, for patients to complete.

Almost all patient feedback and comment cards indicated patients were happy with the service provided. Patients said they were treated with dignity and respect, and given sufficient time during appointments. Staff were pleasant and friendly. Patients said that the facilities at the practice were good, and that they had good access to same day and pre-bookable appointments. Patients said they were confident with the care provided, and were involved in their treatment options.

Bishop's Close Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a specialist advisor GP, and a Practice Manager.

Background to Bishop's Close Medical Practice

Bishop's Close Medical Practice consists of four partner GPs, three male and one female. The practice provides general medical services (GMS) to approximately 8,900 patients in the catchment area of Spennymoor and surrounding villages. This is the Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) area.

There is a team of one senior nurse, two practice nurses, and three healthcare assistants. These are supported by a practice manager, and a team of reception, and administrative staff. The practice is open between 7.30am and 7pm on Mondays, 8:30am until 7pm Tuesday and Wednesday, and, and 8:30am until 6pm Thursday and Friday.

The practice has higher levels of deprivation compared to the England average. There are higher levels of people with long term health conditions, such as chronic obstructive pulmonary disease (COPD) or claiming disability living allowance. The practice has opted out of providing Out of Hours services, which patients access via the 111 service. The practice is a member of the 'South Durham Health CIC' Federation, a collaborative of 24 GP practices in County Durham.

Why we carried out this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service.

We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also spoke with a member of the Patient Participation Group.

We carried out an announced inspection on 04 November 2015.

We reviewed all areas of the main surgery site, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with management staff, GPs, nursing staff, and administrative and reception staff.

We observed how staff handled patient information received from the out-of-hours' team and patients ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record and learning from incidents

Safety was monitored using information from a range of sources such as National patient safety alerts (NPSA), which were disseminated to staff. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate. Staff said they felt encouraged to report incidents. Significant events were discussed and analysed regularly, although at times the recording of learning points could be improved.

We looked at recorded summaries and analysis of incidents from the previous 12 months. There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. We saw where an investigation of an incident had resulted in action, such as a review of policy. The practice carried out a yearly review of all incidents and complaints.

Safe systems and processes including safeguarding

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for children's and adult's safeguarding. The practice participated in joint working arrangements and information sharing with other relevant organisations including health visitors and the local authority. This included the identification, review and follow up of children, young people and families living in disadvantaged circumstances, including children deemed to be at risk. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Computerised patient notes were coded to flag up safeguarding concerns, although the practice had as yet identified relatively few adults at risk.
- A notice in the waiting room advised patients that they could request a chaperone. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits and monthly spot checks were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and procedures available. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty. Staff said their team levels were sufficient to provide services and cover for annual leave or busy periods.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen, all of which was checked and serviced regularly.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. A GP NICE guidance lead disseminated information through team meetings and ensured staff were aware of information relevant to them.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2013-14 the practice achieved 98.1% of the total number of points available, and 96.1% in 2014-15.

Data from 2013-14 showed;

- The percentage of patients over 65 receiving the flu vaccination of 74.55% was slightly better than the national average of 73.24%.
- Diabetes indicators were all above national averages. For instance the percentage of patients having a foot examination was 96.86%, above the national average of 88.35%.
- The percentage of patients with dementia who had received a face to face review in the last 12 months was above the national average of 83.82%, at 94.67%.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Clinical audit findings were used by the practice to improve services. For example, a re-audit of antibiotic prescribing rates and appropriateness showed an improvement in results. Other action included additional training for prescribers and a review of guidelines.

The practice had identified their most vulnerable patients, who were at risk of an unplanned admission to hospital, and had produced care plans for these. These were regularly reviewed and discussed, for instance after an admission, to ensure they were accurate and addressed the needs of those patients. Regular multi-disciplinary meetings were held to discuss the needs of patients, for instance on the unplanned admissions register, requiring palliative care, or with long-term conditions to ensure their needs assessment remained up to date. Vulnerable patients living in residential units were cared for by a GP in conjunction with an Advanced Nurse Practitioners employed by the Federation to ensure the needs assessment of vulnerable patients remained up to date.

Nursing staff implemented long-term condition clinics flexibly, with patients able to attend a longer appointment or see multiple members of staff in conjunction to discuss their needs. The practice was reviewing how clinics were run to ensure they remained effective and accessible.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Clinical members of staff were given opportunity to shadow a mentor.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received basic training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training, and further role specific training.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Incoming test results were dealt with daily by a duty doctor system.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis, where people with long term conditions and requiring palliative care were discussed to ensure their needs assessment and care plans were kept up to date.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation. Patients were then signposted to the relevant service. The percentage of patients over 65 or in a risk group receiving flu vaccinations were slightly above national average.
- Patients aged 16 - 74 who had not attended at the practice for three 3 years, could request a consultation for a health check. Newly registered patients were allocated a named GP and offered an appointment for a consultation.
- Immunisation rates were above average for all standard childhood immunisations. Antenatal clinics were held weekly, and patients could access weekly well baby clinics run jointly by a health visitor and a GP.
- The practice's uptake for the cervical screening programme was 84.85%, which was slightly above the national average of 81.88%. Patients who did not attend for their cervical screening test were sent reminders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Patients with pre-diabetes or identified as at risk of developing the condition were given early access to tests and GP appointment, and then referred if necessary into a preventative pathway incorporating diet and lifestyle changes.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

In the latest NHS England GP Patient Survey of 108 responses, patient satisfaction was generally similar to local and national averages for instance:

- 96% of respondents say the last GP they saw or spoke to was good at listening to them

Local (CCG) average: 91% National average: 89%

- 94% of respondents say the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: 90% National average: 87%

Although one result was slightly lower than average:

- 86% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern

Local (CCG) average: 94% National average: 90%

We spoke to a member of the Patient Participation Group (PPG) and five patients as part of the inspection. We also collected nine CQC comment cards which were sent to the practice before the inspection, for patients to complete.

The vast majority of feedback we collected indicated patients were satisfied with the service provided. Patients said they were treated with dignity and respect, and that staff were pleasant and friendly.

Patients said they were confident with the care provided, and that staff took the time to listen to them. There was some information on bereavement services in reception, and doctors could refer patients to local counselling, or mental health services. The practice kept registers of groups who needed extra support, such as those receiving palliative care and their carers, and patients with mental health issues, so extra support could be provided.

There was a room available where patients could request to speak with a receptionist in private if necessary. We observed that reception staff maintained confidentiality as far as possible. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were used in treatment and consulting rooms to maintain patients' privacy and dignity during investigations and examinations. There was a chaperone policy and guidelines for staff, and information available on this in reception. Trained staff acted as chaperones where requested.

Care planning and involvement in decisions about care and treatment

The latest NHS England GP Patient Survey of 108 responses showed:

- 83% say the last GP they saw or spoke to was good at involving them in decisions about their care

Local (CCG) average: 86% National average: 81%

- 94% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments

Local (CCG) average: 89% National average: 86%

The templates used on the computer system for people with long term conditions supported staff in helping to involve people in their care, and staff updated these to reflect latest guidance. Nursing staff provided examples of where they had discussed care planning and supported patients to make choices about their treatment, including referral to specialist or community nursing staff. Diabetic patients were given a short easy to read care plan with treatment goals which they could take away with them to refer to before their next review appointment.

Patients we spoke with on the day of our inspection, and comment cards received, told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. They said they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Staff told us there was a translation service available for those whose first language was not English. There was a hearing loop at reception.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting different people's needs

The practice worked with the local CCG to improve outcomes for patients in the area, and had recognised the needs of different groups in planning its services.

Telephone consultations, pre-bookable or extended hours appointments were available, to assist those who would otherwise struggle to access the surgery, for instance the working population. Children under the age of five, people with mental health issues or those deemed at high risk of a hospital admission had same day access to a GP. Longer appointments could be made available for those with complex needs.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The building accommodated the needs of people with disabilities, incorporating features such as level access, accessible toilet facilities and automatic doors. Treatment and consulting rooms were on the ground floors. Disabled parking spaces were available in the car park outside.

Access to the service

Information was available to patients about appointments on the practice website and patient information leaflet. This included how to arrange urgent appointments and home visits and how to book appointments. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Appointments could be made in person, by telephone or online. Repeat prescriptions could also be ordered online. A mix of pre-bookable up to three weeks in advance, and 'on the day' appointments were available.

The practice was open between 7.30am and 7pm on Mondays, 8:30am until 7pm Tuesday and Wednesday, and, and 8:30am until 6pm Thursday and Friday. This benefited people of working age, who could access a variety of GP and nurse services during these times.

The latest NHS England GP Patient Survey of 108 responses showed some areas of lower satisfaction, for instance:

- 41% of respondents usually wait 15 minutes or less after their appointment time to be seen

Local (CCG) average: 70% National average: 65%

- 52% of respondents with a preferred GP usually get to see or speak to that GP

Local (CCG) average: 62% National average: 60%

- 72% find it easy to get through to this surgery by phone

Local (CCG) average: 80% National average: 73%

However, 90% were able to get an appointment to see or speak to someone the last time they tried

(Local (CCG) average: 88% National average: 85%)

The numbers of book on the day or pre-bookable appointments were adjusted according to predicted need. Staff numbers and required skill mix were planned advance.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information on how to complain was displayed in reception.

We looked at a summary of complaints made in the last 12 months, and could see that these had been responded to with an explanation and apology where necessary. Patients could leave feedback through the 'Friends and Family' test, which was also advertised on the practice website. Patients we spoke with said they would feel comfortable raising a complaint if the need arose. Complaints were discussed at the end of each year and analysed for themes and trends to identify areas for improvement.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision, Strategy and Culture

The practice had a clear forward plan, with short and long term aims, such as appointing a new GP and working towards a seven day a week service. The practice had a mission statement which was displayed.

Staff were familiar with and engaged with the values and ethos of the practice. Staff we spoke with agreed that communication within their own teams and as a practice was good, and they formed a strong supportive environment, where people worked flexibly and supported one another.

Staff had individual objectives via their appraisal, such as clinical staff looking to develop their knowledge in a certain area to be able to offer additional service. Staff described the appraisal process as useful and stated they were able to identify and follow up on learning objectives through these. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. There was a clear leadership structure in place and staff felt supported by management.

Governance Arrangements and Improvement

Staff were clear on their roles and responsibilities, and felt competent and trained in their roles. The practice had a number of policies and procedures in place to govern activity, such as chaperone policy, infection control procedures and human resources policies, and these were available to staff via the shared computer system. Some policies we looked at had not been reviewed or updated since 2013, however the practice was midway through a piece of work to review all these and ensure they were up to date. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure performance. The practice regularly reviewed its results and how to improve, and was proactive in using patient contact to promote additional screening or review services. The practice reviewed its QOF activity quarterly to plan areas where they needed to target resource. We saw evidence that they used data from various sources including patient surveys, incidents, complaints and audits to identify areas where improvements could be made.

The practice had identified lead roles and deputies for areas such as, safeguarding, palliative care, chronic disease management and infection control. Some clinical audits were carried out, subjects selected from QOF outcomes, from the CCG, following an incident or from the GP's own reflection of practice. The practice had arrangements for identifying, recording and managing risks. Management staff demonstrated awareness of potential risks and health and safety assessments which addressed a range of health, safety and welfare issues, such as recruitment checks for staff.

Practice seeks and acts on feedback from users, public and staff

Staff felt confident in raising concerns or feedback. There was an active Patient Participation Group (PPG), which met quarterly. Yearly reports were published on the website for patients to read, although patients had to make a special request to the practice to view minutes of PPG meetings. The group was continuing to recruit. The practice carried out a patient survey in 2014 and received 250 responses. The PPG discussed these results and produced an action plan, which included improving privacy in reception, and providing more information about services provided. These were recorded when complete.

A PPG representative told us and we saw from minutes, that the practice asked them for feedback. We saw from minutes that the practice discussed with the PPG patient survey reports, and was open to the PPG regarding future challenges and the direction of the practice.